

Name
in
Full

G Washington Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

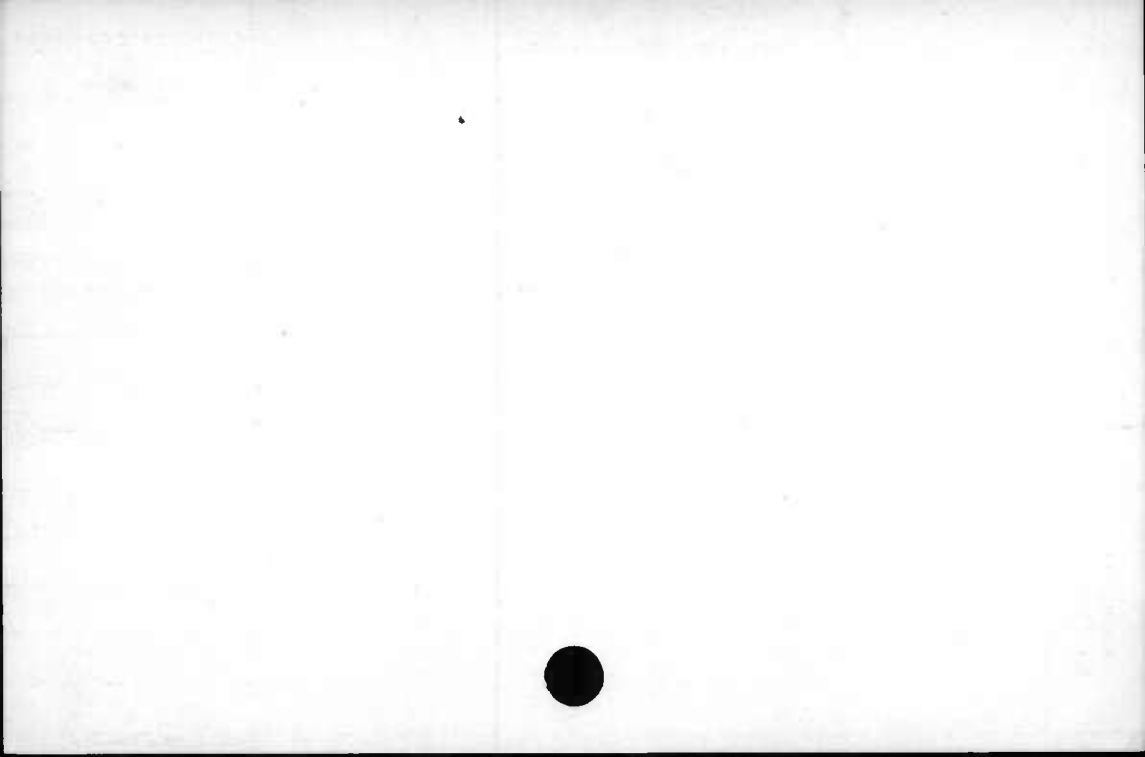
MARYLAND

Died at <i>Home</i>		Town <i>2 Anns</i>		County	
Date of death	1906	Month	May	Day	23
Sex		Male		Color or Race	Negro
Occupation		Where Residing if not at place of death		Birthplace	
Married, Single or Widowed		no		Name of Wife or Husband	
Father's Name		Don't Know		Father's Birthplace	
Mother's Maiden Name		"		Mother's Birthplace	
Name of person giving information		Wm Lester		How related to deceased	

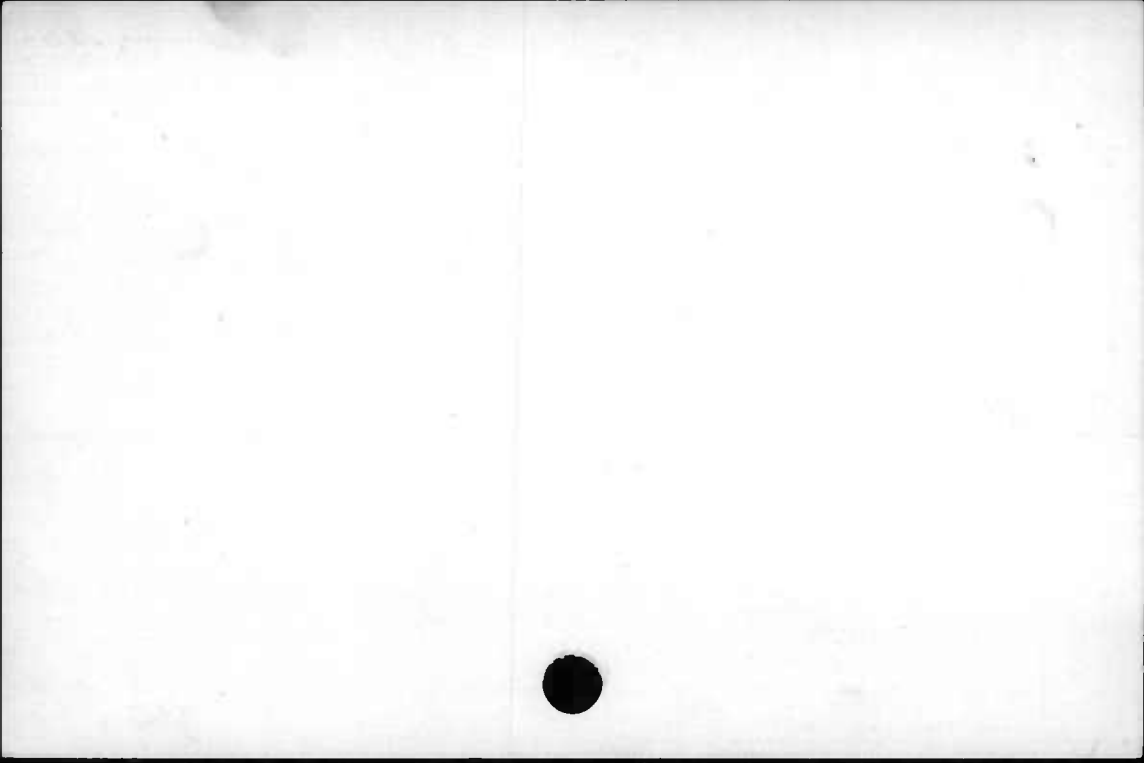
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 weeks</i>
Immediate	<i>yes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. J. Stoltz</i>
Accident or Suicide?	<i>—</i>	Address	<i>Centerville Md G Washington Blake</i>



Name in Full John Blake		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Alms House <small>Town</small>		Queen Annes <small>County</small>	
	Date of death 1906 <small>Month</small> May <small>Day</small> 28th		22 <small>Years</small> <small>Months</small> <small>Days</small>	
	Sex Male	Color or Race Negro	Birth-place Unknown	
	Occupation None	Where Residing if not at place of death —		
	Married, Single Single	Name of Wife or Husband —		
	Father's Name —	Father's Birthplace —		
	Mother's Maiden Name —	Mother's Birthplace —		
Name of person giving information Gym Lester	How related to deceased None			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Epilepsy	How long from Infancy	(69)	
	Immediate Fits	How long —		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician L. A. Holford	
	Address Centreville Maryland		Accident or Suicide? —	



Name
in
Full

Annie M. Bowser

CERTIFICATE OF DEATH

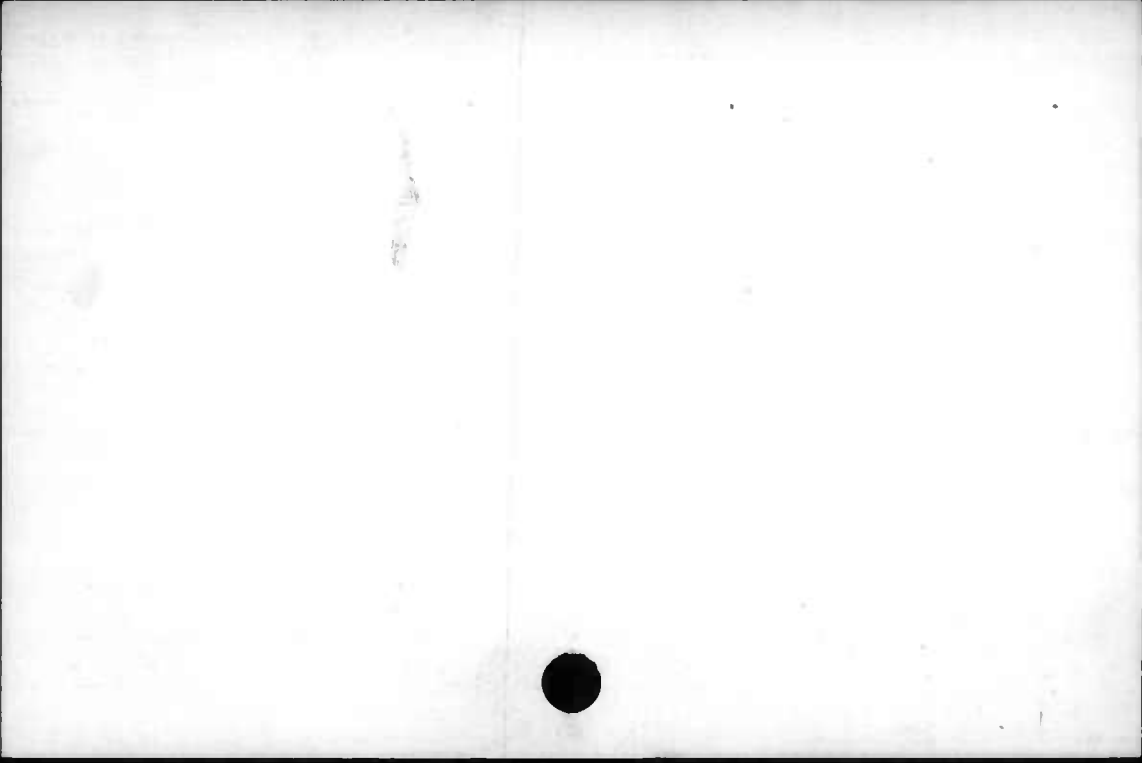
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Centerville		^{County} D. C. Co.		MARYLAND	
Date of death	1906	Month	May	Day	28
Age		60		Months	—
Sex	Female	Color or Race	Colored	Birth-place	D. C. Co.
Occupation	Laundry	Where Residing if not at place of death Centerville			
Married, Single or Widowed	Widowed	Name of Wife or Husband Horris Bowser			
Father's Name	Robert Sheers	Father's Birthplace —			
Mother's Maiden Name	Annie M. Sheers	Mother's Birthplace D. C. Co.			
Name of person giving information	Robert Bowser	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart	How long	4 or 5 yrs
Immediate	Heart Failure	How long	2 minutes
Are the name, age, sex, color, date and place correctly given above?		yrs	
Signature of Physician		J. M. Brown	
Address		Centerville	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

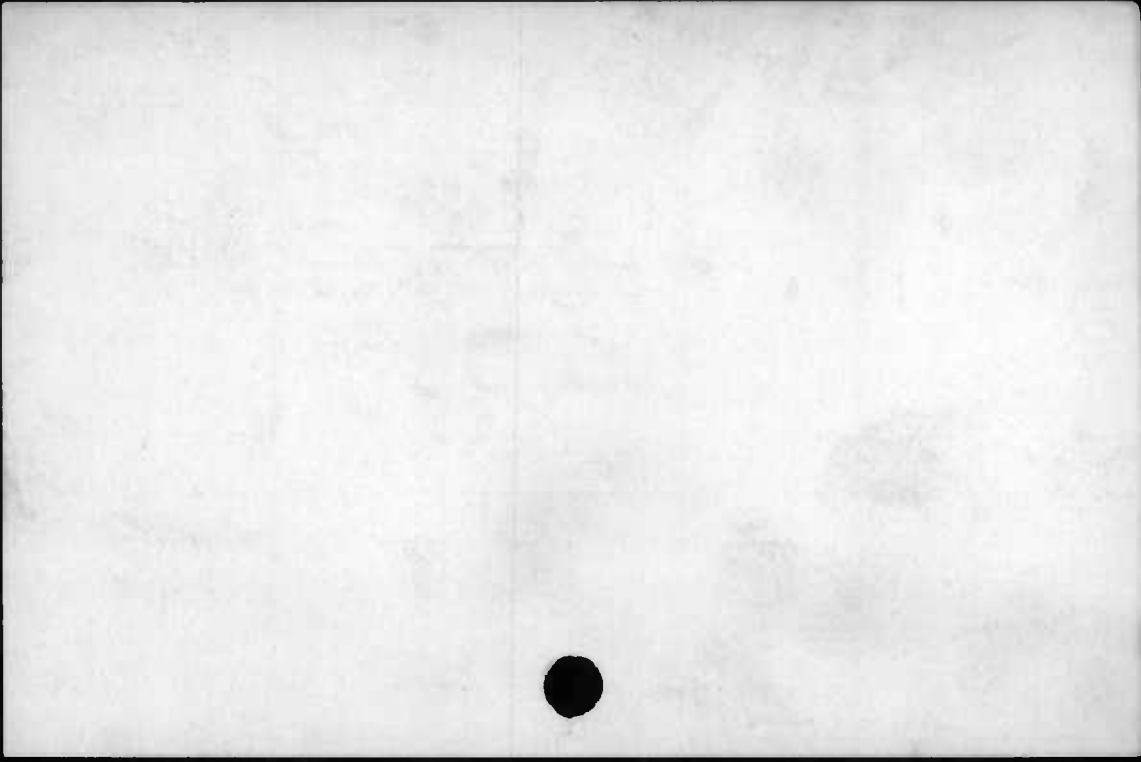
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Chestertown</i>		Town <i>Chestertown</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>16</i>	Age <i>12</i>	Years <i>12</i>	Months <i>9</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Queen Anne Co.</i>				
Occupation <i>Child</i>	Where Residing If not at place of death <i>At home</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Wm H Brown</i>	Father's Birthplace <i>Queen Anne Co.</i>						
Mother's Maiden Name <i>Mary Thomas</i>	Mother's Birthplace <i>Queen Anne Co.</i>						
Name of person giving information <i>Wm H Brown</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>one week</i>
Immediate <i>Chronic Pulmonitis</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Byrge Simmons</i>
	Address <i>Chestertown, Md.</i>
Accident or Suicide? <i>No</i>	



Full

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

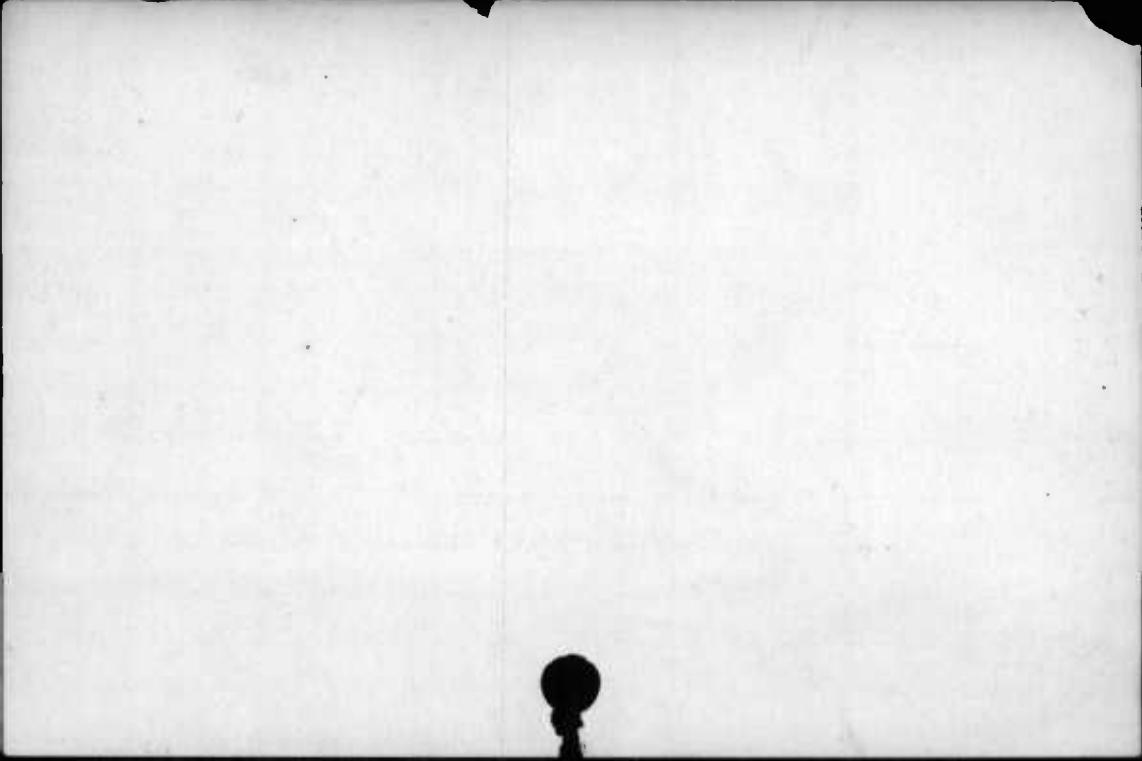
CERTIFICATE OF DEATH

Died at <i>Church Hill</i>		Town <i>Church Hill</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>May</i>	Day <i>24</i>	Age <i>40</i>	Years <i>40</i>	Months <i>8</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Ind</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at Place of death</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. H. H. Byson</i>						
Father's Name <i>Samuel R. Bennett</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Sarah E. Sparks</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>J. H. H. Byson</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. G. Cappoge</i>
	Address <i>Church Hill</i>
	<i>Ind</i>

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Date of death		Month	Day	Age	Years
190		5	4		
Sex		Color or Race		Birth-place	
Male		White		English	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



MARYLAND

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah H. E. Conroy

CERTIFICATE OF DEATH

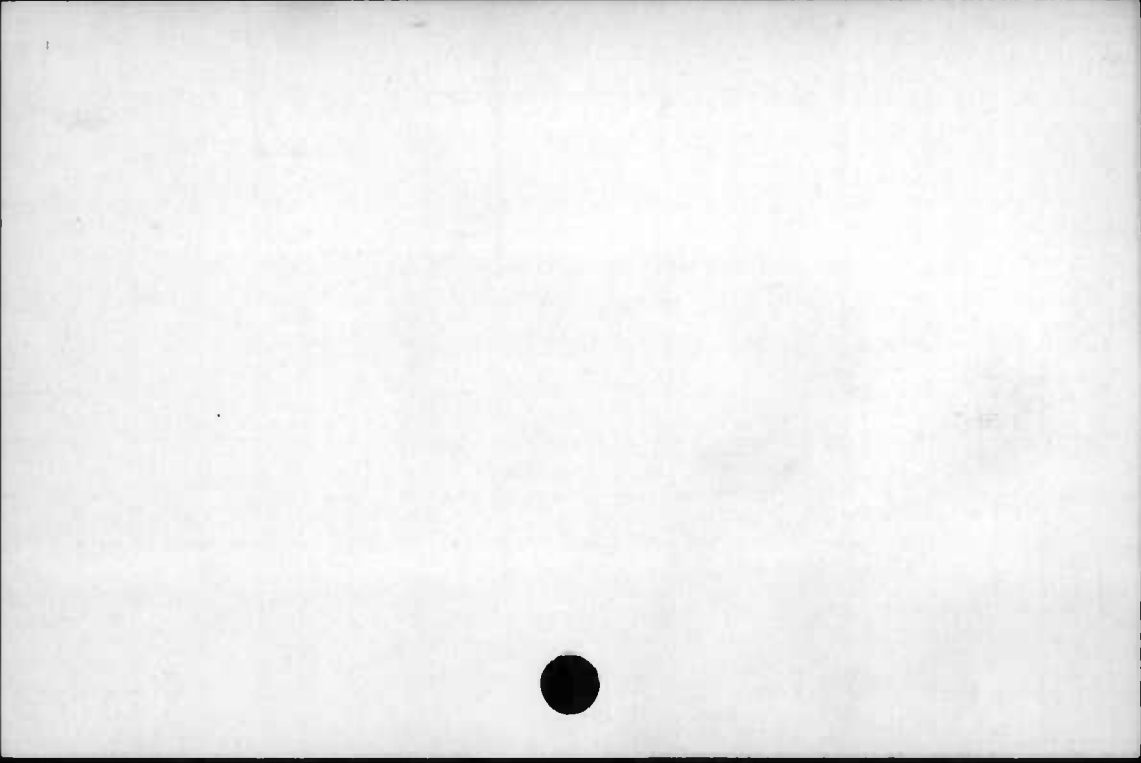
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Millington		County 2a co		MARYLAND	
Date of death		1906	Month 6	Day 5	Age 29	Years 72	Months Days
Sex Female		Color or Race White		Birth- place Kent Co			
Occupation None				Where Residing If not at place of death			
Married, Single or Widowed		Widow		Name of Wife or Husband			
Father's Name		Samuel Conroy				Father's Birthplace Kent Co	
Mother's Maiden Name		A. R. Conroy				Mother's Birthplace 11 co	
Name of person giving Information				How related to deceased			

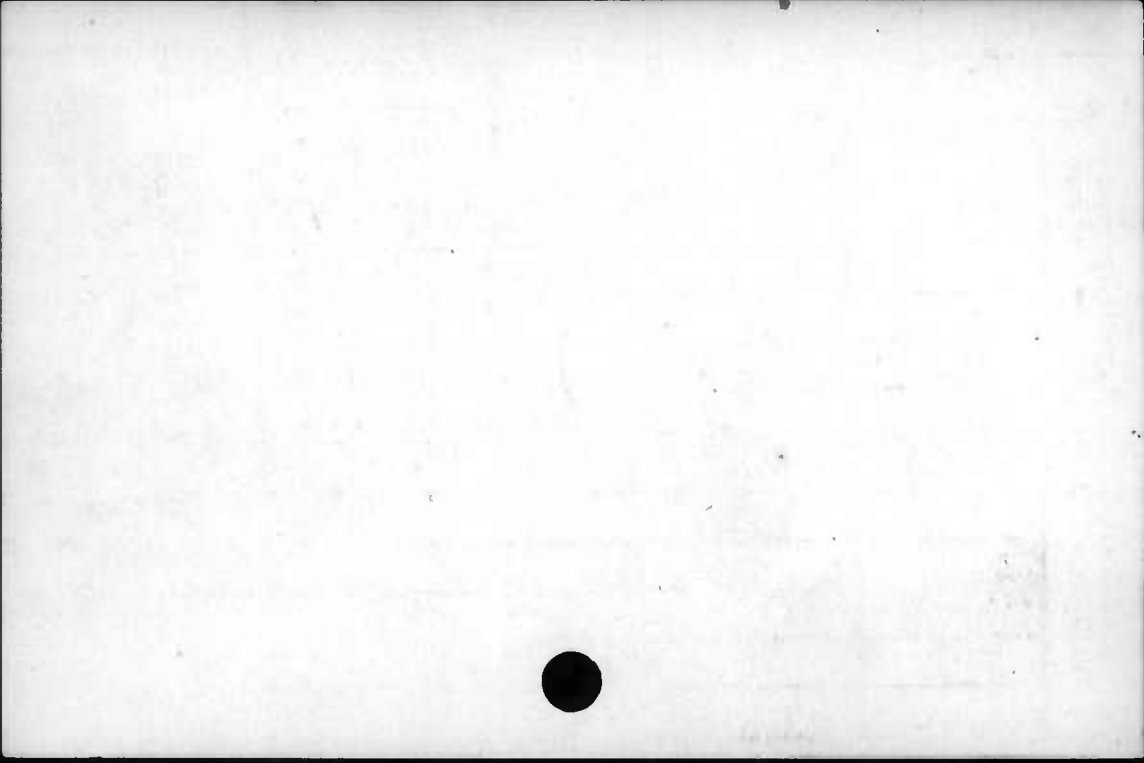
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pass by his	(66)	How long	Week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Address		
Accident or Suicide?		Millington		



Name in Full		Mossy Haley				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ralphs		Town	Lucas Avenue		County		MARYLAND		
	Date of death	1906	Month	May	Day	18	Age	Years	Months	Days	
	Sex	Female		Color or Race	White		Birth-place	Ralphs			
	Occupation						Where Residing if not at place of death				
	Married, Single or Widowed					Name of Wife or Husband					
	Father's Name	Joel Haley					Father's Birthplace	Wilmington Del			
PHYSICIAN OR CORONER	Mother's Maiden Name	Maude McPherson					Mother's Birthplace	Lucas Avenue			
	Name of person giving information	Dr. W. S. Dudley					How related to deceased	None			
	CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Cyanosis					How long	1 hr			
	Immediate	Exhaustion					How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. S. Dudley MD				
					Address						
	Accident or Suicide?										



Name
in
Full

Alexander Handy Jr.

CERTIFICATE OF DEATH

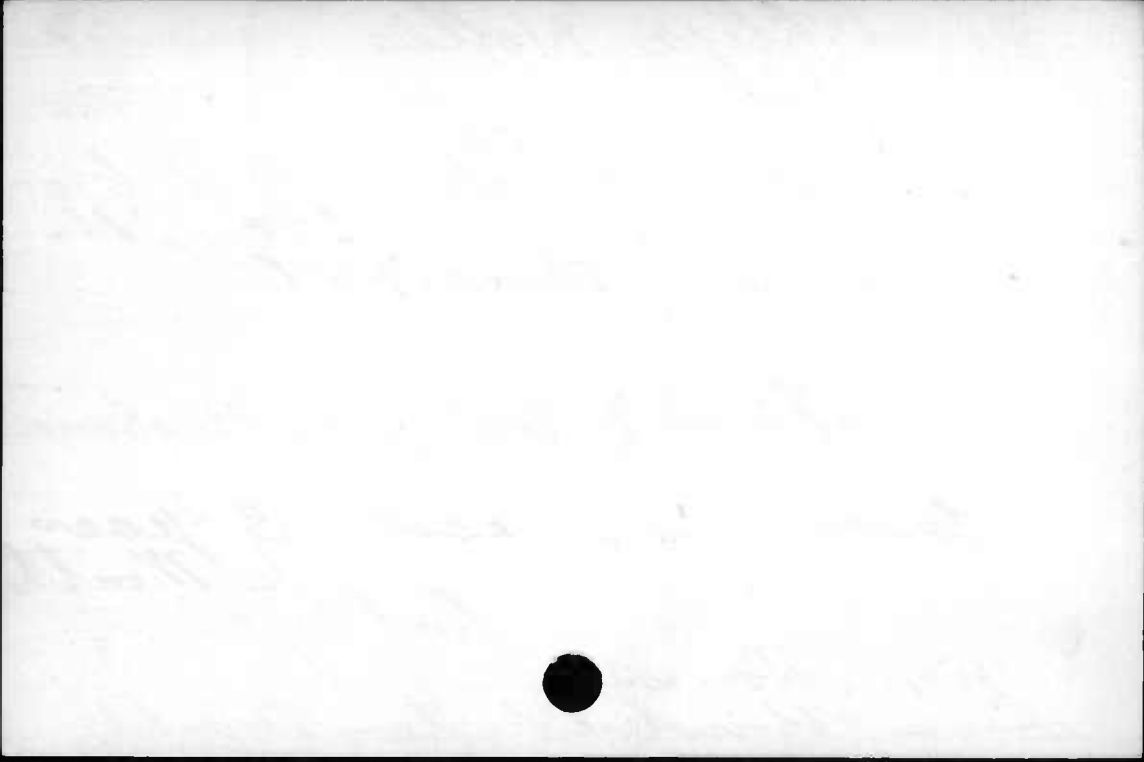
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ruthsburg</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>30</i>	Age <i>—</i>	Months <i>—</i>	Days <i>14</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Ruthsburg, Md.</i>	
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Alexander Handy</i>			Father's Birthplace <i>Hopk, Md.</i>		
Mother's Maiden Name <i>Elizabeth Waters</i>			Mother's Birthplace <i>Baltimore, Md.</i>		
Name of person giving information <i>Alexander Handy</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	} <i>Convulsion</i>	(71)	How long	} <i>5 minutes</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Walter H. Fenby</i>	
			Address <i>Ruthsburg, Md.</i>	
Accident or Suicide?				



Name
in
Full

Sarah Eliza Hollis 5-17-
near Centreville Town, County, Md.

CERTIFICATE OF DEATH

MARYLAND

Date of death 1906 May 3 Age 58 Months Days

Sex Female Color or Race Black Birth-place J. R. Co

Occupation House work Where Residing if not at place of death near Centreville

Married, Single or Widowed Married Name of Wife or Husband Thomas Hollis

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Thomas H. Hollis How related to deceased Husband

CAUSES OF DEATH

Primary Cancer in Breast How long 3 years

Immediate (43) How long 6 Months

Are the name, age, sex, color, date and place correctly given above? Signature of Physician No Physician

Address Jos. G. Pearson

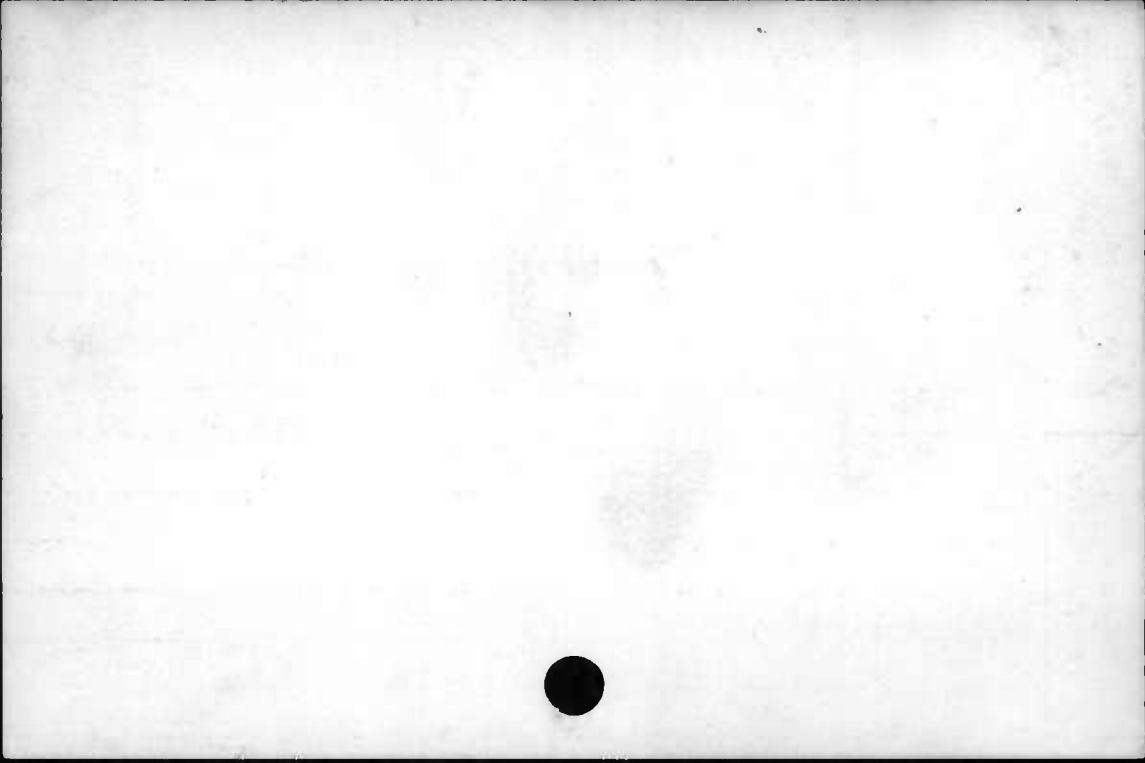
Accident or Suicide? Underside, Centreville

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
James A. Garrell		Town Farm near Starr		County Queen Anne's	
		MARYLAND			
Died at		Date of death	Month May	Day 30	Years 69
		Months 7		Days 5	
Sex male		Color or Race white		Birth- place Delaware	
Occupation Farmer		Where Residing if not at place of death on farm			
Married, Single		Name of Wife or Husband Mary C. Jarrell			
Father's Name John Jarrell		Father's Birthplace Don't know			
Mother's Maiden Name Bostick		Mother's Birthplace Don't know			
Name of person giving In formation widow, Mary C. Jarrell		How related to deceased wife			
CAUSES OF DEATH					
Primary Aortic Insufficiency		How long 2 1/2 yrs			
Immediate Heart Failure		How long Suddenity			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. M. Bostick M.D.			
		Address Centerville			
Accident or Suicide? no		James A. Garrell			



Name
in
Full

No name King

CERTIFICATE OF DEATH

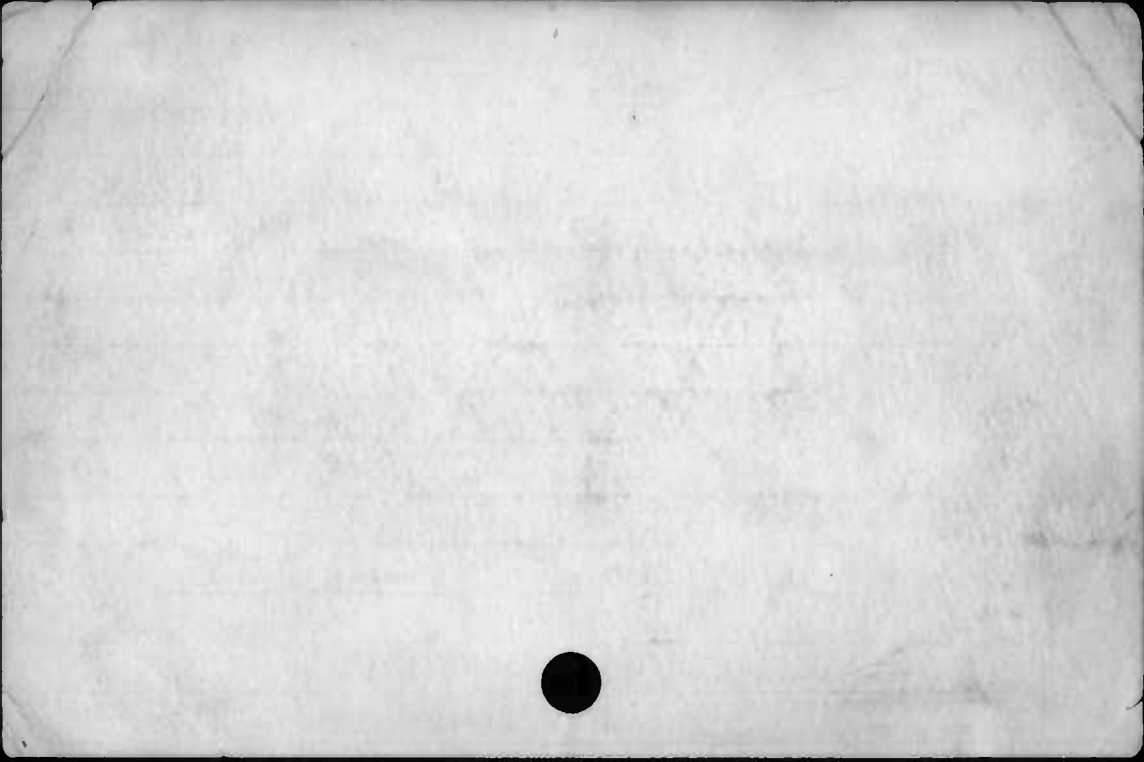
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trut Island</i>		Town <i>Trut Island</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death 1906	Month <i>May</i>	Day <i>15th</i>	Age <i>1 day</i>	Months	Days <i>1</i>		
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Trut Island</i>				
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Harry King</i>				Father's Birthplace <i>Trut Island</i>			
Mother's Maiden Name <i>Edo Brown</i>				Mother's Birthplace <i>Shapstown, Md.</i>			
Name of person giving information <i>Louisa Green</i>				How related to deceased <i>No relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Do not know</i>	(179)	How long
Immediate " " "		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. R. Benton</i>	Address <i>Stevensville Md.</i>
Accident or Suicide?		



Name
In
Full

CERTIFICATE OF DEATH

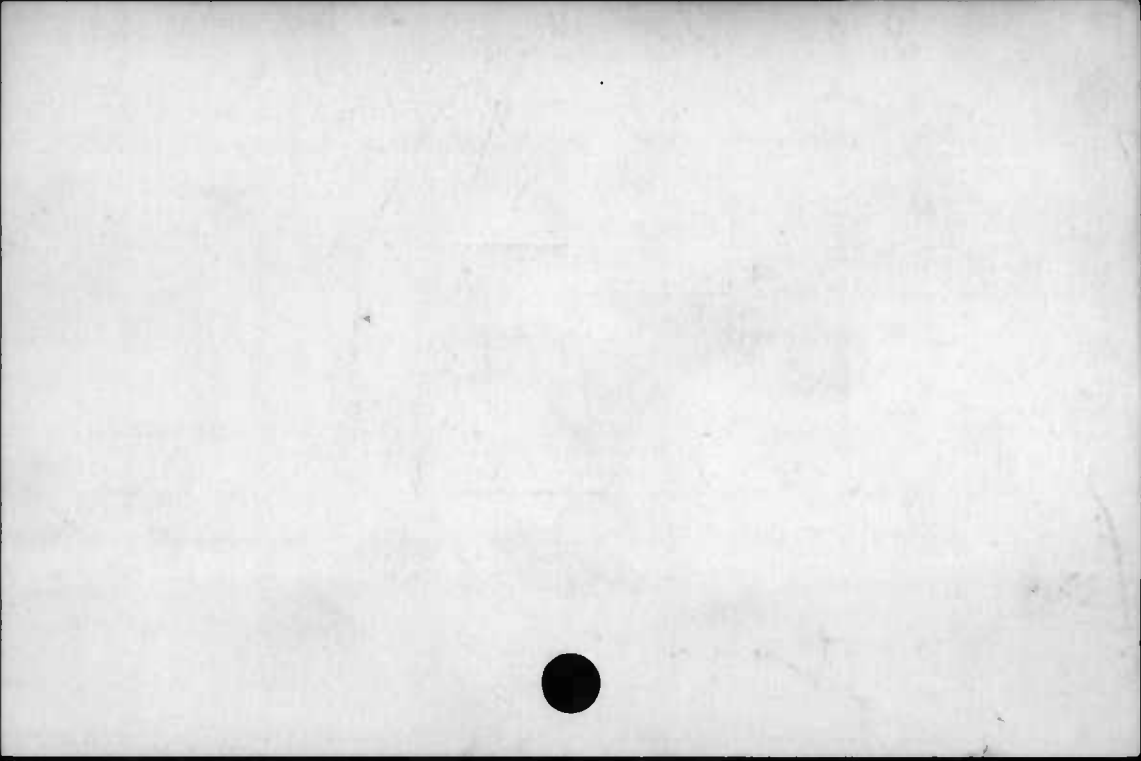
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mye Seery</i>		Town <i>2</i>		County <i>a a</i>		MARYLAND	
Date of death	190 <i>6</i>	Month	<i>May</i>	Day	<i>20</i>	Age	<i>48</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>			Birth-place	<i>Unknown</i>
Occupation	<i>Religion</i>			Where Residing if not at place of death		<i>Mye Seery</i>	
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband		<i>Julia Gordon</i>	
Father's Name	<i>Henry Phifer</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Agnes Bassett</i>					Mother's Birthplace	<i>“</i>
Name of person giving information	<i>Robt Adams</i>					How related to deceased	<i>Son-in-Law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>5 yrs.</i>
Immediate	<i>Exhaustion</i>	How long	<i>2-3 months.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. Adams</i>
		Address	<i>Quinnstown Md.</i>
Accident or Suicide?			



Name
in
Full

James Emory Prider

CERTIFICATE OF DEATH

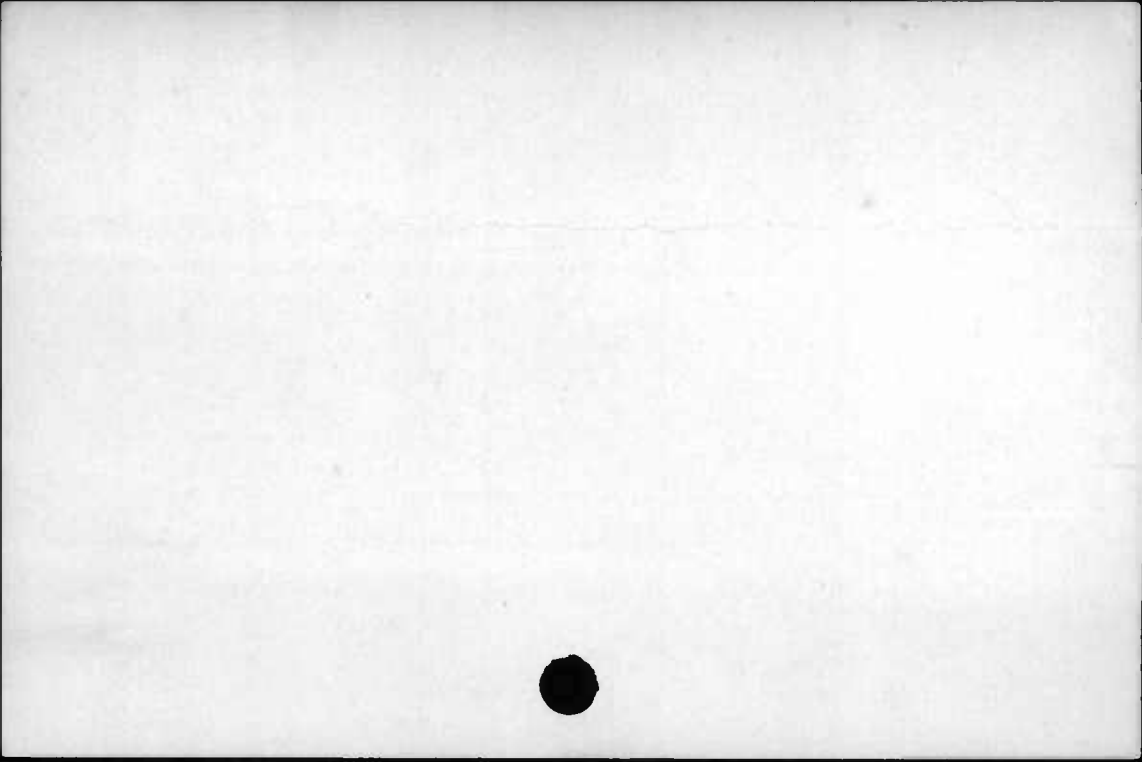
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1904		May	10	Age 78	6 mos	13	
Sex		Color or Race		Birth-place			
Male		Caucasian		Green Anne Lee			
Occupation				Where Residing if not at place of death			
R.R. Flygman				Near Green Anne Lee			
Married, Single or Widowed		Name of Wife or Husband					
Married							
Father's Name				Father's Birthplace			
Mr Prider							
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Sydney Prider				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Carcinoma stomach		4 months	
Immediate		How long	
General exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Howard R. Hopkins	
		Address	
		Green Anne Lee	
Accident or Suicide?			
		M.D.	



Name
In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name *Leva Price* Town *Starr* County *Q. Annes* MARYLAND

Died at *Starr*

Date of death 190 *6* Month *May* Day *13* Age *20* Years Months *9* Days *4*

Sex *Female* Color or Race *Black* Birth-place *Starr*

Married, Single or Widowed *Single* Occupation *none*

Name of Wife or Husband *none*

Father's Name *Yes Mr. H. Price* Father's Birthplace *MD*

Mother's Maiden Name *Sarah Price* Mother's Birthplace *MD*

Name of person giving information *Father* How related to deceased *Father*

CAUSES OF DEATH

Primary *Consumption* How long *all life*

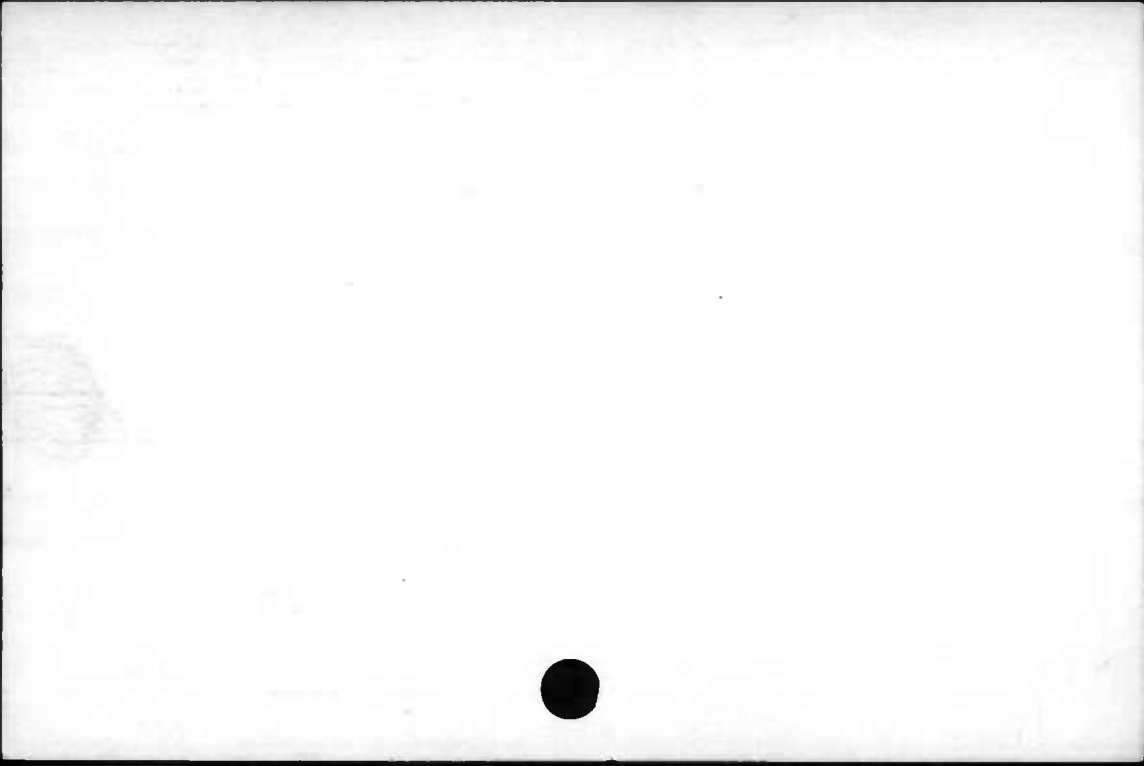
Immediate *Paralysis* How long *all life*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. D. Brown*

Address *Charmelle*

Accident or Suicide? *murder*



Name
in
Full

William Selton Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Centerville Town

Deer Creek County

Date of death 1906 5-0

Day 22 Age 7

Months 7 Days 14

Sex Male

Color or Race Black

Birthplace Centerville

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name James O. Stewart

Father's Birthplace Centerville

Mother's Maiden Name Effie Hooker

Mother's Birthplace Md

Name of person giving information Effie Hooker

How related to deceased

CAUSES OF DEATH

Primary Rickets

How long 1 1/2 years

Immediate Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

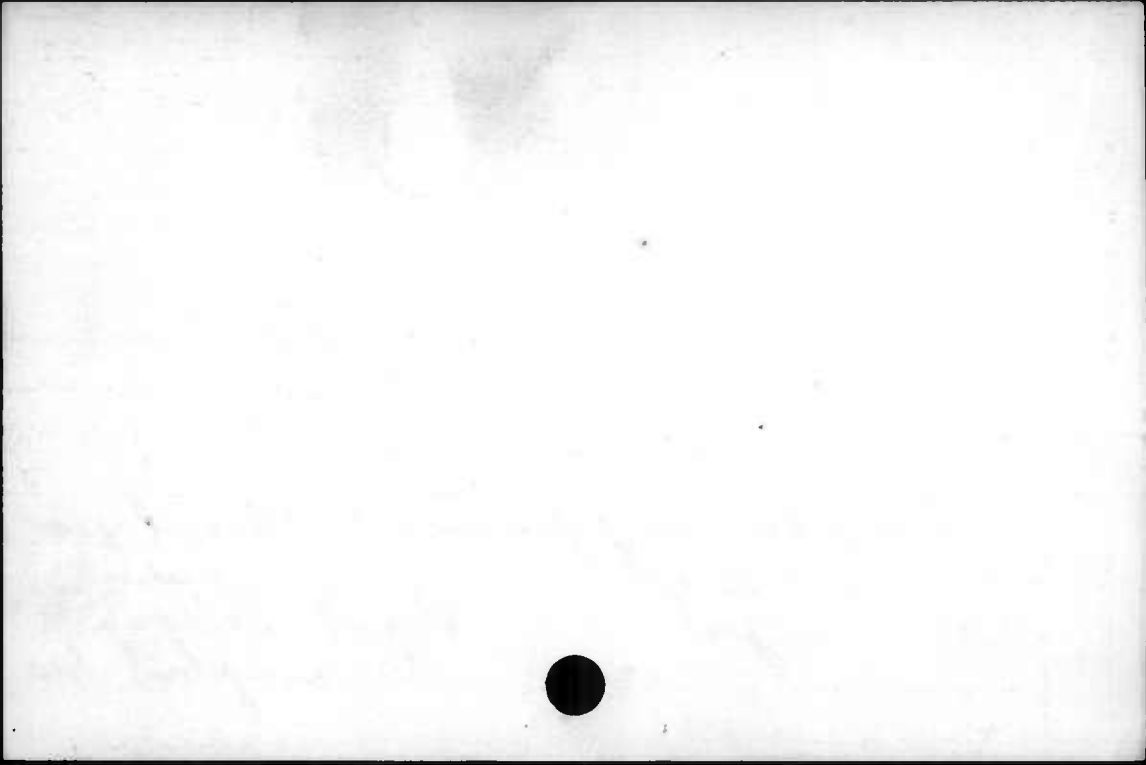
Signature of Physician

Lester Friley
Centerville
Md

Accident or Suicide?



Name in Full		George E Thawley						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Centerville</i>			County <i>Queen Anne's</i>			MARYLAND	
	Date of death	1906	Month <i>5</i>	Day <i>8</i>	Age	Years <i>46</i>	Months <i>8</i>	Days <i>8</i>	
	Sex	<i>Male</i>			Color or Race	<i>Anglo Saxon</i>		Birth-place	<i>Queen Anne's Co.</i>
	Occupation	<i>Manufacturers Apt</i>			Where Residing if not at place of death				
	Married, Single or Widowed	<i>married</i>			Name of Wife or Husband <i>Isabelle Whitaker</i>				
	Father's Name	<i>Andrew Thawley</i>					Father's Birthplace	<i>Caroline Co., Md.</i>	
PHYSICIAN OR CORONER	Mother's Maiden Name	<i>Louise Fountain</i>					Mother's Birthplace	<i>4 4 4</i>	
	Name of person giving information	<i>Mrs Isabelle Thawley</i>					How related to deceased	<i>Wife</i>	
	CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis - Pulmonary</i>					How long	<i>many years</i>	
	Immediate	<i>Asthenia -</i>					How long	<i>about 2 years</i>	
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>					Signature of Physician	<i>Jas. Fordley M.D.</i>	
	Address						<i>Centerville, Md.</i>		
Accident or Suicide?									



Name
in
Full

Mary Georgianna Wallis

CERTIFICATE OF DEATH

Town

County

Died at

Near Crumpton

In Anne's

MARYLAND

Date

of death 1906

Month

May

Day

11

Years

Age 64

Months

2

Days

28

Sex

Female

Color or
Race

White

Birth-
place

Kent Co.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Francis Adolphus Wallis

Father's
Name

George Hayward Willson

Father's
Birthplace

Kent Co.

Mother's
Maiden Name

Henrietta Eleanor Brocke

Mother's
Birthplace

Kent Co.

Name of person giving
In formation

Mrs. F. K. Sasser

How related
to deceased

Daughter

CAUSES OF DEATH

714

Primary

Complication of disease

How long

Several yrs

Immediate

Abscess of brain

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo. H. Betson, Jr., M.D.

Address

Crumpton, Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

52.75-
 31.75-

 84.50

Everlast
 Catholic Cemetery
 The World
 Monthly

Chamber
 John L.

Inquiring about, but not response.
 My m.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rancey Wright</i>		Town <i>Prig Hill</i>		County <i>2 a</i>		MARYLAND	
Died at <i>Prig Hill</i>		Month <i>5</i>		Day <i>31</i>		Age <i>70</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birthplace <i>Zalbot Co</i>			
Occupation <i>Religious</i>		Where Residing if not at place of death <i>Prig Hill</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Chas Wright</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>is " "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>John Hadick</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of breast</i>	How long <i>5 Years</i>
Immediate <i>General debility & exhaustion</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Howard B. Hopkins</i>
	Address <i>Zenith</i>
	<i>M.D.</i>
Accident or Suicide?	

